Orwell Housing Association Limited

Sydney Brown Court

Inspection report

Sydney Brown Court
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Sydney Brown Court provides personal care and support to people living in their own flats in a sheltered housing complex. On the day of our inspection on 6 December 2016 there were 34 people using the personal care service. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe. There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines, there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers were caring and respectful and had good relationships with the people they cared for.

People were involved in making decisions about their care and support and people received care and support which was planned and delivered to meet their specific needs.

Where people required assistance with their dietary needs, there were systems in place to provide this support safely. Where required, people were provided support to access health care professionals.

A complaints procedure was in place and people's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was good leadership in the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Care workers understood how to keep people safe and what action to take if they were concerned that people were being abused.

Care workers were available to meet people's needs and attend to planned care visits.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Is the service effective?

Good

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Sydney Brown Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 6 December 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five people who used the service and one relative. We spoke with the registered manager and three care workers. Prior to our inspection we received completed questionnaires about the service from six people and two community professionals. We looked at records in relation to three people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service. One person said, "I am quite safe here, no one can come in who shouldn't be here." Another person commented that the care workers always made sure that they locked their flat door when they left, they said, "I feel totally safe." People wore pendants and there were call bells around the service, which they could use if they needed to call for help in an emergency. People told us that they felt safe knowing this system was in place. One person said, "I used the alarm once, they [care workers] came quickly." Another person said, "I fell out of bed once, pressed the bell and they [care workers] came running." All of the questionnaires we received from people said that they felt safe from abuse or harm from their care workers.

People were protected from avoidable harm and abuse. Care workers were provided with training in safeguarding people from abuse and understood their roles and responsibilities regarding safeguarding, including how to report concerns. The registered manager told us that they had provided care workers with a safeguarding questionnaire to make sure that their knowledge was up to date. The minutes of a care worker meeting in July 2016 showed that safeguarding was discussed and included care worker's understanding of their roles and responsibilities. This meant that there were systems in place to ensure that care worker's knowledge in keeping people safe from abuse was regularly reviewed.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and risks that may arise in people's own flats. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

The registered manager told us that all care workers carried a pack with them to reduce risks. A care worker showed us what was in their pack which was a bag worn over their shoulder. The bag contained gloves and aprons to use to reduce the risks of cross contamination, a mobile telephone, pens, blank care records, note book and their route rota. They told us that everything in the bag was useful to have, "Don't have to go looking for gloves, can call anyone if I need help and have something to write things down if anything happens."

There was a business continuity plan in place to ensure that the potential risks to people and the running of the service were identified and plans in place to reduce the risks. This included actions that needed to be taken in the event of, for example, a fire or flood. Records showed that the fire safety system was regularly checked to ensure that people were safe in the event of a fire.

Systems were in place to ensure that care workers were available to provide care and support to people when needed and planned. People told us that the care workers visited at the planned times and that they stayed for the agreed amount of time. All of the questionnaires we received from people said that the care workers always arrived to visit them on time and stayed for the planned length of time.

The registered manager told us that there were a lot of long standing staff who had worked in the service for many years; this was confirmed by a care worker. This meant that people were supported by care workers who were known to them and provided a consistent service.

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "I look after my own [medicines], they [care workers] keep a check." Another person told us about the support they received with their medicines which made them feel safe, "They [care workers] make sure I have taken them."

The service undertook weekly medicines audits and actions were taken where issues had been identified, such as missing signatures on medicine administration records (MAR). In the care worker meeting in September 2016 they were advised to check MAR when they came on duty to ensure that they were completed appropriately. Meeting minutes in July 2016 identified that care workers were advised about the safe management of medicines and ensuring that MAR were signed to show where people had taken their medicines. Where shortfalls were identified in the MAR checks were made to ensure that people received the support their required with their medicines and the records were reviewed. This showed that there were systems in place to identify any discrepancies quickly and take appropriate action to reduce any risks to people.

Care workers were provided with training and had medicines competency observations. People's records provided guidance to care workers on the level of support each person required with their medicines. Where people required support, they were provided with their medicines as and when they needed them. This showed that the systems in place for the safe management of medicines were effective.

Good

Is the service effective?

Our findings

People told us that they felt the care workers had the skills and knowledge to meet their needs. One person described the care workers as, "Very efficient."

One care worker said that they got, "Lots of training." Another told us, "The training here is very good, it is the best training [relating to other care services they had worked in]." The training included an induction before they started working in the service and mandatory training such as moving and handling and safeguarding. This was updated as required and the training plan showed where training had been booked for care workers to ensure that their knowledge was kept up to date. Care workers were also provided with training in supporting people with specific needs, including dementia, epilepsy, diabetes and supporting people with behaviours that may be challenging to others. Care records were kept updated and were appropriately completed which showed that the training in record keeping had been effective. This showed that care workers were provided with up to date training on how to meet people's needs.

Where issues had arisen, for example medicine errors, care workers were required to complete reflective accounts. This included why they felt that the incident had happened and what they had learned going forward. This showed that care workers were provided with the opportunity to reflect on and improve the service they provided.

The registered manager told us that all care workers were provided with the opportunity to achieve a qualification relevant to their role, such as the Qualifications and Credit Framework (QCF) diploma in health and social care. The minutes from a care workers meeting in July 2016 showed that they were encouraged to sign up for this qualification.

The registered manager showed us a folder which was kept in the staff room. This included any reviewed and updated policies and procedures, such as the recent new medicine policy. This was to keep care workers updated and they were required to sign to show that they had read and understood them. There was also a knowledge folder in place which included information about the care industry and any changes that care workers needed to be aware of. In addition, as identified in the service's improvement plan, knowledge boards had been introduced. These asked questions including, 'what is safeguarding?' and 'what person centred care means to me.' Care workers, and people using the service, could write on these, they were then reviewed by the registered manager to check if there were any training needs identified or if people using the service required information on subjects.

Care workers told us that they felt supported in their role and were provided with one to one supervision and appraisal meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care workers were provided with training in MCA. The registered manager and care workers understood how people made their own decisions regarding their care.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person told us, "They [care workers] always ask before they do anything, I feel in control of what is happening." Care records included mental capacity assessments which identified people's capacity to make their own decisions about their care. Care records were signed by people to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person told us, "I cook myself, but can have meals down here [in the communal areas] if I want."

The registered manager told us that people were offered the opportunity to have hot meals in the communal areas. In addition people, if they chose to, had a takeaway fish and chip lunch on Fridays. Newsletters were provided to people which included the planned menu. A compliment letter sent to the service stated that a person was, "Very pleased," about the provision of meals. One person who had lunch in the communal dining area told us that they had enjoyed, "A very nice meal."
Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough.

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's wellbeing.

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Good

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "They [care workers] are all very good and approachable." Another person commented, "They [care workers] are very caring, they would soon feel the sharp end of my tongue if not." Another person said, "They [care workers] are all very caring." All of the questionnaires we received from people said that the care workers were caring and kind and that they treated them with respect and dignity.

People's independence was promoted and respected. One person told us, "I am mostly independent, if I need help I know they [care workers] are there." Another person said, "You can do what you want here, no one interferes with you, but if you want help with anything they [care workers] will help that's the main thing, and they do it in a caring way." All of the questionnaires we received from people said that they were supported to be as independent as they could be.

People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. Records guided staff to make sure that they always respected people's privacy and dignity.

The minutes from a tenants meeting in October 2016 showed that people were asked if they felt that they were treated with respect by care workers and to speak with the registered manager if they felt that this was not the case. People reported that they felt that the care workers were respectful in their interactions.

Care workers were polite and caring in their interactions. We saw care workers speaking with people in a respectful manner. One person had been writing Christmas cards for care workers and were giving them out, there was laughter between the person and care workers. The person told us, "They [care workers] are lovely, we have a laugh. Got to make sure I don't forget one [giving out the Christmas cards]." Care workers understood why it was important to interact with people in a caring manner. They knew about people's needs and preferences and spoke about them in a caring and compassionate way. One care worker said, "This is a happy place and we all work to the best of our ability."

People told us that they felt that their views and comments were listened to and acted on. People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. Records showed that people had been involved in their care planning. Reviews were undertaken regularly and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support and that their needs were met. One person said that they had started using the service following the recommendation from a health professional and commented, "I am extremely lucky to be here." All of the questionnaires received from people said that they would recommend the service to others and that they were happy with the care and support they received from the service.

Care workers told us that they felt that people were well cared for and their needs were met. One care worker said, "They [people] are really well looked after."

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised.

Care reviews were held which included consultation with people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. The registered manager had introduced a system which included monthly evaluations on people's care needs. This provided care workers with a system to identify if people's wellbeing had deteriorated and they could take action to ensure that their needs were met. For example, it had been identified that a person was neglecting themselves and was unsettled, care workers were advised to offer more encouragement to the person. These were done in consultation with people using the service. This showed that there was a system in place to respond to people's changing needs.

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. For example, if they required companionship or support to use services in the community.

People told us that they could join in with others in the service if they wished. One person said, "I don't mix much," but told us about how they regularly went out into the community independently. Another person told us, "I am very happy here, if you want company you can find it or if you like to be solitary like me, can be in your home." Another person said that they enjoyed helping with gardening the grounds.

There were a range of activities provided in the sheltered housing scheme that people could choose to participate in. On the day of our visit people were doing armchair exercises. The registered manager told us how they had recently improved the provision of activities to ensure that people were provided with the choice to join in with social activities. This included chats over cups of tea. Newsletters were sent to people which included the activities planned and these also included puzzles, such as word searches.

People knew how to make a complaint and felt that they were listened to. One person said, "We have no complaints, we are very happy."

The registered manager told us that they had few complaints about the service. They had developed a complaints leaflet relating to Sydney Brown Court, to give to people, as well as the available information about how complaints were managed from the provider. We saw the minutes from tenants meetings showed that people were reminded how to raise complaints, concerns and compliments about the service they received.

Complaints records showed that complaints and concerns were addressed in a timely manner. Complaints were used to improve the service and to prevent similar issues happening, for example taking disciplinary action where required and offering an apology to the complainant.

We saw a discussion between the registered manager and a person's relative. The registered manager advised them about how they could share their comments about the service, including speaking with the registered manager directly, making a complaint or using the comments box. A suggestion/comment box had been introduced and was available in the service for people and their relatives to add their comments and suggestions, anonymously if they chose. Records showed that two comments had been received in October 2016. People were provided with acknowledgement letters and then feedback of the actions that had been taken as a result of their comments. The records showed that people's comments were used to improve the service, for example one person asked for a post box within the service. An agreement had been made that care workers would post people's letters in a local post box.

Good

Is the service well-led?

Our findings

The service provided an open and empowering culture. People told us that they felt that the service provided good care, was well-led and that they knew who to contact if they needed to. One person's relative told us that since the registered manager had started working in the service they could see how it had improved. This included that care workers were more positive and helpful.

The registered manager was registered with the Care Quality Commission (CQC) in October 2016 and had started working in the service in May 2016. They told us about the improvements they had made in the service, which included ensuring all paperwork and training was up to date and changing the visit routes of staff to ensure that visits were done more efficiently. The registered manager showed us their improvement plan which identified the areas that they felt that they needed to improve on and the timescales for improvement. This was a working document and added to as new areas for improvement were identified. This showed that there was a continuous improvement plan in place to provide people with a safe and good quality service at all times.

The registered manager understood their role and responsibilities in provided good quality care to people. They said that they felt supported and were provided with regular one to one supervision meetings to discuss any concerns and receive feedback on their work practice. The registered manager told us how they kept their knowledge updated by attending training courses. They said that the manager induction they received from the provider was of good quality. The registered manager showed us a certificate of a recent conference they had attended regarding the CQC inspection process. The registered manager was up to date about the new CQC inspection methodology.

The management of the service worked well to deliver high quality care to people. There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. These included audits and checks on medicines management, care records and accidents and incidents. Where incidents had occurred, for example falls, these were analysed to check for any trends. Records showed that actions were taken to reduce future risks, for example making a referral to an occupational therapist to assess a person's mobility needs. Records and discussions with care workers showed that spot checks were undertaken. These included observing care workers when they were caring for people to check that they were providing a good quality service.

All of the questionnaires we received from people said that they were asked for their views on the service and the service acted on what they said. People were provided with the opportunity to share their opinions about the service. The results from satisfaction questionnaires completed in October 2016 showed that actions were taken as a result of people's comments. For example, reminding people how to raise concerns and introducing a system so people knew who was on duty, including management. These results were discussed in a tenants meeting and people were advised of actions taken. The registered manager told us that there had been low numbers of returns of satisfaction surveys from people, as a result they were developing further ways of encouraging people to share their views.

People were kept updated about the service and could share their views and suggestions in tenants meetings. The minutes from a meeting in October 2016 showed that people were kept updated about the actions taken as a result of their comments at previous meetings, including activities and improvements to the grounds. This showed that people's comments were valued and acted on. People were also kept updated about the service in the tenant meetings, for example, people were told about the duty of candour and how it affected them in the meeting in August 2016. The registered manager told us that they had told the people using the service about our announced inspection to the service in the Monday coffee morning and they were told that they could speak with us if they chose to.

There was good leadership demonstrated in the service. Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. One care worker said, "We are guided a lot better [since registered manager had started working in the service], know where we are…there is a nice feel about the place." Another commented, "It is a lot better, wasn't bad before, but improvements being made." Care workers were committed to providing a good quality service and were aware of the aims of the service. They could speak with the registered manager when they needed to and felt that their comments were listened to. One care worker described the registered manager as, "Very approachable." The minutes of a care worker meeting in September 2016 showed that they were kept updated with any changes in the service and could raise any suggestions to improve the service to people. In this meeting care workers were advised of reviewed policies and procedures.

The registered manager told us about how the provider listened to the views of staff working for them. This included in employee forum meetings and management meetings. In addition there was an annual conference, which looked at areas of development for staff and the service. During this awards were given, for example in recognition of nominations received for good performance of care workers. This showed that staff were valued. The provider kept staff updated about any changes in the service, for example a recent newsletter identified the integration of new services. The registered manager told us that the medicines policy had recently been reviewed by the provider. We reviewed this, it identified how the processes and procedures for ensuring the safe management of medicines. The registered manager showed us recent correspondence from the provider which identified that the provider had employed an individual to audit medicines across the company. This meant that the provider was taking action to continually improve the service.